

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90534 016 \*\*\*\*61.25

**DOCUMENT # N01000006725**



1. Entity Name  
**HOSPITALITY EDUCATIONAL RESOURCES, INC.**

Principal Place of Business Mailing Address  
C/O DEDMAN SCHOOL OF HOSPITALITY C/O DEDMAN SCHOOL OF HOSPITALITY  
1 CHAMPIONS WAY 1 CHAMPIONS WAY  
TALLAHASSEE FL 32306-2541 TALLAHASSEE FL 32306-2541



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3747171</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RIEDEL, ROBERT A**  
C/O DEDMAN SCHOOL OF HOSPITALITY  
1 CHAMPIONS WAY  
TALLAHASSEE FL 32306-2541

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	EDPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDEL, ROBERT A		NAME		
STREET ADDRESS	1 CHAMPIONS WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32306-2541		CITY-ST-ZIP		
TITLE	TDER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISCIGNO, JIM		NAME		
STREET ADDRESS	1 CHAMPIONS WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32306-2541		CITY-ST-ZIP		
TITLE	DDSH	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSELMAN, BOB		NAME		
STREET ADDRESS	1 CHAMPIONS WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32306-2541		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Riedel, Director* **Robert A Riedel 1/15/03 850 877 9797**

CR2E037 (10/02)